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Impact of women's participation in politics on the development and implementation of progressive care policies in Latin America and the Caribbean

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To my beloved parents, my everything.

To my pillar of strength, Sam.

Summary

To what extent does women's participation in politics influence the development and implementation of progressive care policies in Latin America and the Caribbean? To answer this research question, this study explores the relationship between women's participation in politics and the development and implementation of progressive care policies in Latin America and the Caribbean. Using panel data with time-fixed effects using data from the World Bank on women's political participation from 2005 to 2019 and a proxy indicator that measures the development and implementation of progressive care policies constructed using data from the World Policy Analysis Center while also accounting for other relevant factors such as economic growth, female education, and cultural norms.

The study finds a small but significant negative effect of women in parliament on the promotion of care policies in general but also highlights the influence of other factors on the relationship between women's political participation and policy outcomes. Additionally, the study identifies differences in the effect of women in politics between South America and Central America & the Caribbean, with the former showing a slightly negative effect and the latter showing a positive but not significant effect, indicating that other cultural factors may play a role in shaping policy outcomes. More research and better-quality data are needed to better understand the relationship between women's political participation and the promotion of progressive care policies, and that while women's political participation is important, it may not be sufficient to ensure policy change.

Keywords: women in politics, care policies, LAC, progressive policies, gender equality

CONTENTS

1. Introduction	1
2. Literature Review	3
2.1. Theoretical Frameworks and Concepts	3
2.1.1. Welfare State Regime Theory	3
2.1.2. Role of Social Movements, Civil Society Organizations, and Feminist Activism	5
2.1.3. Previous Research on Women's Political Participation and Care Policies	6
2.2. Regional Context of Latin America and the Caribbean	8
2.3. Gaps and Limitations in the Literature	10
3. Methodology	10
3.1. Data Sources, collection methods, and Variables	11
3.1.1. Dependent variable	11
3.1.2. Main independent variable	14
3.1.3. Control variables	15
3.2. Descriptive Statistics	16
3.3. Analytical Techniques	19
3.4. Research design and approach.	20
4. Results and Interpretation	25
4.1. Regression results: Hypothesis 1 and 2	25
4.2. Regression results: Hypothesis 3	27
5. Discussion and Implications	30
5.1. Implications for Policy and Practice	30
5.2. Contributions to the Literature and future research directions	31
6. Conclusion and Limitations	33
6.1. Conclusions and final thoughts	33
6.2. Limitations	34
7. References	36
8. Appendices	39

TABLES

Table 1. Components of the Progressive Care Policy Index	12
Table 2. Control variables per category	16
Table 3. Descriptive Statistics	18
Table 4. Model results	26
Table 5. Model results per sub-regional group	29

FIGURES

Figure 1. Care policy index	14
Figure 2. Percentage of women in parliament by year and country	15
Figure 3: Correlation within the variables – Correlogram	19
Figure 4. Coefficient estimates Plot	27

1. Introduction

Latin America and the Caribbean (LAC) have long struggled with gender inequality, particularly concerning care work¹. Care work is essential for the functioning of society but is often undervalued and underpaid, and women are disproportionately performing it. This gendered division of labor perpetuates economic and social inequalities, reinforcing gender stereotypes (UN Women & ECLAC, 2021). For instance, women spent 3 to 6 times more time doing unpaid work than men². Moreover, women face significant barriers to political participation and gender equality³. While many countries in the region have made progress in recent years, women still face obstacles such as discrimination, harassment, and a lack of representation in decision-making processes.

Despite these obstacles, various research suggests that women's participation in politics can play a significant role in promoting policies that address these issues, such as parental leave and childcare. For example (Htun & Piscopo, 2014) mentions *“their growing presence in power has generated more attention to bills and produced changes in some policies related to women in their rights(...) passed laws criminalizing sex discrimination and guaranteeing equal access to employment and education”*. Another study by the UN Women (2019) also found that female legislators in Latin America and the Caribbean are more likely than their male counterparts to prioritize social policies that address gender inequality, including care policies such as parental leave and childcare.

Care work policies, including parental leave, have become increasingly important in promoting gender equality in the LAC region. The unequal distribution of care work perpetuates gender inequality and reinforces traditional gender roles, and parental leave policies can help redistribute care responsibilities and promote gender equality. As the studies suggest women's political participation is crucial to the development and implementation of these policies, as they are more likely to prioritize social policies that address gender inequality, including care policies. Therefore, it is essential to understand the impact of women's participation in politics on the development and implementation of progressive care policies in the LAC region.

¹ In this text care work refers to direct and indirect activities that are performed for the dependent person such as changing diapers, bathing, helping to sleep, therapeutic assistance, accompanying to the doctor, etc. or activities that are not performed exclusively for a particular person, but benefit the whole family, such as house cleaning, cooking, etc.

² In Ecuador, women spent 30 hours while men spend 4.8 hours. Retrieved 10/02/23. <https://oig.cepal.org/en>

³ In 2019, the Social Institutions and Gender Index (SIGI), a cross-country measure to capture the underlying, often invisible drivers of gender inequality by measuring discrimination in social institutions – formal and informal laws, social norms and practices, ranked LAC region had is 25.4, compared with 17 in Europe and 18.1 in Northern America(excluding Mexico). (SIGI, 2019)

While women's political participation has the potential to promote gender equality in care work policies, there are also significant challenges to achieving this goal. Women in politics may face backlash or opposition from male-dominated political institutions or may be excluded from decision-making processes altogether (Tadros, 2010). Ideological or cultural barriers may also impede the promotion of care policies that challenge traditional gender roles and norms. Therefore, it is necessary to identify these barriers to understand the impact of other factors on the promotion of progressive care policies.

To better understand the relationship between women's political participation and the development and implementation of parental leave policies in the LAC region, it is essential to examine the various factors that affect policy outcomes. These factors include cultural and ideological barriers to promoting care policies that challenge traditional gender roles, as well as structural barriers to women's participation in politics, such as limited access to resources and support. Therefore, this study aims to examine the impact of women's participation in politics on the development and implementation of equal care policies, specifically focusing on parental leave policies in the LAC region. The objective of the research is to answer **to what extent women's participation in politics influences the development and implementation of progressive care policies in Latin America and the Caribbean.**

To achieve this goal the paper will use data from the World Policy Analysis Center to construct the composite index based on nine indicators that measure the length of parental leave, the level of protection of jobs when parents ask for a leave of absence due to childbirth, breastfeeding places⁴. For the independent variable the study used data from the World Bank to measure the participation of women in politics “proportion of seats held by women in national parliaments” from 2005 to 2019. Meanwhile, the control variables are selected based on the relevance and availability of the data from the World Bank database and V-Dem⁵.

The study will employ a panel data model with time-fixed effects to control for relevant factors that may affect the outcome. By examining the conditions under which women's political participation can lead to meaningful progress toward gender equality in care work policies, the study aims to contribute to a deeper understanding of the role of women in promoting gender equality in the LAC region.

The paper is divided into seven sections, including a literature review, methodology, research design, results, implications for policy design, conclusions, references, and an appendix.

⁴ For a detailed of the variables see [section 3](#).

⁵ See [section 3.1.2](#) for more detailed information.

Ultimately, the study aims to provide insights into how to promote gender equality in care work policies through women's political participation in the LAC region and to identify strategies for overcoming the challenges to achieving this goal

2. Literature Review

2.1. Theoretical Frameworks and Concepts

Women's participation in politics has been found to have a significant impact on the development and implementation of progressive childcare policies⁶ in Latin America and the Caribbean (LAC). These policies are understood as policies that have a positive impact on workers' abilities to reconcile work and family responsibilities and advance the development and well-being of their children. They aim to support parents in balancing work and family responsibilities, while also promoting gender equality by facilitating women's labor force participation and reducing the gender wage gap (UNICEF, 2020).

This section will examine the theoretical frameworks that help to understand this relationship. The section will begin by discussing the welfare state regime theory and its implications for gender equality and care policies. It will then move on to examine the role of social movements, civil society organizations, and feminist activism in shaping policy agendas and mobilizing support for gender-sensitive care policies.

2.1.1. Welfare State Regime Theory

The welfare state regime theory was first proposed by Esping-Andersen (1990) who argued that the type of welfare state in a country influences the level of gender equality and care policies. Esping-Andersen classified welfare states into three main types: liberal, conservative, and social democratic. Liberal welfare states, such as the United States, prioritize individual responsibility and the market, which tends to result in limited social protections and fewer resources for care policies. Conservative welfare states, such as Germany, prioritize the family and traditional gender roles, resulting in policies that support the male breadwinner model and limited access to public care services. In contrast, social democratic welfare states, such as Sweden, prioritize universal social protection and public services, resulting in more gender-sensitive care policies and greater gender equality (Isakjee, 2017).

For instance, through welfare regime analysis Bambra (2011) finds that women are moderately more likely to report poor health in social democratic countries and highly

⁶ In this text "childcare policies" are used interchangeably as family friendly policies

likely to report poor health in Southern European or Mediterranean countries, including Portugal, Italy, and Spain. Moreover, research has shown that social democratic welfare states are more likely to have progressive parental policies that support women's participation in the labor market and promote gender equality (Weber et al., 2017).

In the case of LAC, Fleury (2017) mentions three types of welfare systems that have existed up to the 1970s: “*stratified universalism (Chile, Uruguay, and Argentina), dual (Mexico and Brazil) and exclusionary regimes (several less developed countries)*”. However, Costa Rica and Cuba can be added as a fourth category, characterized by universalization, which was achieved through unique political contexts. For Cuba, universalization resulted from the revolutionary transition to socialism and the commitment to pursue equity. Meanwhile, in Costa Rica, social democracy played a central role in universalization, with political leaders and technocrats working together to ensure international alignment for the country. These distinct political contexts led to the achievement of universalization in both countries, despite their different welfare regimes.

Another typology categorizes welfare according to the main provider of social protection: the state, the market, and the community. The regimes identified are state-productivist, state-protectionist, and family welfare regimes. Each regime has varying levels of access to public care services and support for gender equality (Fleury, 2017). For example, Chile, Paraguay, and Colombia can be classified as a state-productivist regime⁷, while the state-protectionist model⁸ includes Costa Rica, Uruguay, and more heterogeneous, Brazil and Mexico. Meanwhile, Guatemala and Nicaragua are classified under family-dependent welfare, where individuals rely largely on relatives for protection.

However, it is important to note that the family-dependent welfare regime cannot be included in a typology of social welfare based on the criterion of citizen status that endows users with access to benefits and services. Welfare goes beyond the mere distribution of revenue and services, as it is a political phenomenon in which capitalist societies create mechanisms to ensure social security for citizens in an inclusive and expansive democracy. Thus, welfare regimes should be evaluated not only on their ability to distribute resources and services but also on their potential to create social security for all citizens in a democratic and inclusive society.

⁷ Geared towards the expansion of human capital and market inclusion of the labor force . Based on Fleury (2017) definitions

⁸ Protects from market risks. Based on Fleury (2017) definitions

Moreover, regardless of the type of welfare regime, social movements, civil society organizations, and feminist activism have played a crucial role in shaping policy agendas and mobilizing support for gender-sensitive care policies.

2.1.2. Role of Social Movements, Civil Society Organizations, and Feminist Activism

In the last decade, research on the relationship between social organizations⁹ and public policymaking has increased. There are various theoretical models proposed to analyze the relationship between social organizations and public policymaking, including political opportunity structures, institutional politics, contentious politics, interest groups, and resource mobilization. However, there is no consensus on the influence of social movements on political systems (Galego, 2009). Despite this, scholars have emphasized the role of social movements, civil society organizations, and feminist activism in shaping policy agendas and mobilizing support for gender-sensitive care policies (Olivares & Carrasco-Hidalgo, 2020).

These actors can create pressure for change by framing issues in new ways, mobilizing public opinion, and pushing for policy reforms. For example, feminist movements in Latin America and the Caribbean (LAC) have been instrumental in advocating for women's rights and challenging traditional gender roles. This has led to changes in laws and more progressive care policies (UN Women & ECLAC, 2021). However, the impact of social movements and civil society organizations on care policies has been mixed. While these actors have been successful in pushing for the recognition of care work and advocating for policies that support women's participation in the labor market, they have not always been successful in achieving gender-sensitive care policies.

For instance, in LAC since 2014, tens of thousands of women have taken to the streets in the “*Ni Una Menos*” (Not One Less) campaign to protest the lack of government response to violence against women. Although the movement continues to fight for widespread political change, its success can be seen in the cultural shift that has occurred in Argentina and Latin America, and in the global visibility and influence it has had as a transnational feminist movement (Bedrosian, 2022; Molyneux et al., 2019). However, the goal of eliminating gender violence is still far from being achieved. Similarly, in Mexico, civil society organizations successfully advocated for the introduction of a universal childcare program, but the program has been criticized for failing to address the quality of care and the gendered division of labor (Jaquette, 2017; Molyneux, 2006).

⁹ In this text social organizations refers to social movements and civil society organizations.

On the other hand, the feminist movement in Brazil has been successful in advocating for policies that address the gendered division of labor in care work. For example, the establishment of the National Policy for Integrated Care for Women's Health (PNAISM) aims to promote women's health and well-being by recognizing the importance of their multiple roles and responsibilities (Molyneux et al., 2019). Meanwhile, the promotion of the expansion of public childcare services in Chile has also been advocated by social organizations (Pongsapich, 2021).

In general, the promotion of comprehensive care systems in the region has increased, with Uruguay being the first country to adopt it. Meanwhile, countries such as Argentina, Chile, Colombia, Cuba, the Dominican Republic, Ecuador, Mexico, Panama, Paraguay, and Peru are making strides in their implementation with varying degrees of development. Bills proposing the creation of these care systems are under debate in Argentina, Ecuador, Mexico, Paraguay, and Peru (Güezmes García & Vaeza, 2023).

Overall, the welfare state regime theory and the role of social movements, civil society organizations, and feminist activism are both important frameworks to understand the relationship between care policies in LAC and women's political participation. On one hand, the welfare state regime theory provides a lens to analyze the type of welfare state in the region and how it influences the level of gender equality and care policies. This framework highlights the importance of social protections and public services that support women's participation in the labor market and promote gender equality.

On the other hand, the role of social organizations and feminist activism is equally important as these actors can create pressure for change by framing issues in new ways, mobilizing public opinion, and pushing for policy reforms. These actors can bring attention to the specific needs of women and highlight the importance of gender-sensitive care policies. Together, these frameworks provide a comprehensive understanding of the complex relationship between care policies and women's political participation in LAC.

2.1.3. Previous Research on Women's Political Participation and Care Policies

Several studies have examined the impact of women's political representation on care policies in different regions and contexts. For instance, in the USA, a study analyzing bills with interviews with legislators¹⁰ and their staff found that even though representatives often vote along party lines, gender is politically significant and influences policymaking

¹⁰ The study performs a quantitative analysis of bills with interviews with legislators and their staff to compare legislative activity on women's issues by male and female members of the House of Representatives during the 103rd (1993-94) and 104th (1995-96) Congresses.

(Swers, 2002). Meanwhile, in the European context, Orloff (2009) argued that women's political participation is a necessary but not sufficient condition for the development of comprehensive care policies. She suggested that a combination of factors, such as public opinion, economic resources, and policy feedback effects, also play a role in shaping care policies.

Meanwhile, studies in LAC found that female legislators were more likely to propose and support bills related to women's rights and gender equality, including care policies such as parental leave and access to public childcare (Piscopo, 2015). Women's representation in national legislatures was positively associated with the adoption of gender quota laws in Latin America (Franceschet & Piscopo, 2008). Another study¹¹ found that more women's rights bills were introduced when women held a greater share of seats in both chambers in Argentina. However, despite their greater presence, women continued to be marginalized in the legislature and suffered reduced political efficacy (Htun et al., 2013a).

On the other hand, Reingold (2008) suggested that women's political presence is neither absolutely necessary nor entirely sufficient for legislative action on women's rights. The study found a clear empirical link between women's descriptive and substantive representation. Throughout the policy-making process, female officeholders were more likely than their male colleagues to act for women's interests. However, a closer look found that some women advocate gender equality more forcefully than others, some men are more supportive than some women and different institutional contexts foster dissimilar amounts of feminist activity.

Overall, women are more likely than men to take action on policy issues regarding women's rights. In LAC, male and female legislators tend to have substantially different views and levels of enthusiasm for gender issues, although they express similar views on other topics. Schwindt-Bayer's research confirms that more women than men have tended to do constituency service on behalf of women, participate in meetings sponsored by women's groups, give floor speeches on women's rights issues, and sponsor and cosponsor bills on gender issues (Schwindt-Bayer, 2006, 2010). Franceschet & Piscopo (2008) reported that quota laws in Argentina resulted in an increase in the introduction of women's rights bills, while Htun et al. (2013b) found that legislative co-sponsorship among women in Argentina's lower house increased after the quota law.

¹¹ The study analyzes the relationship between women's presence in Congress and the introduction and approval of bills related to women's rights using a dataset containing all the bills submitted to the Argentine Congress between 1983 and 2007.

Therefore, the impact of women's political representation on care policies has been studied extensively in different regions and contexts. In the USA, gender is politically significant and influences policy making. In Europe, women's political participation is necessary but not sufficient for the development of comprehensive care policies, and other factors also play a role. In Latin America, female legislators are more likely to propose and support bills related to women's rights and gender equality, including care policies. However, despite their greater presence, women continue to be marginalized in the legislature in some cases. Studies have also found that women are more likely than men to take action on policy issues regarding women's rights, but the amount of feminist activity varies based on different institutional contexts. Overall, women's political representation is crucial in promoting policy changes related to care and women's rights, but it is not the only factor that determines policy outcomes.

2.2. Regional Context of Latin America and the Caribbean

Since 2000, the countries in Latin America and the Caribbean (LAC) have experienced economic growth with an average GDP per capita growth rate of around 1.4% (excluding 2020)¹². The region's per capita GDP rose from US\$ 12,382 in 2000 to US\$ 16,065 in 2019, before dropping to US\$ 14,874 in 2020 due to the pandemic¹³. However, this growth has been accompanied by a complex and diverse political, social, and economic landscape. The early 2000s saw a significant commodities boom, which drove income and economic growth in the region (Kosacoff & Campanario, 2007). Despite this progress, persistent structural challenges, such as low productivity, high levels of inequality, and social exclusion, have impacted the development and implementation of care policies. (ECLAC & UNICEF, 2018)

The LAC region has been further transformed by rapid technological change, demographic transitions, climate change, environmental degradation, increased frequency of disasters, and the need for an environmentally sustainable economy. Since 2015, the region has experienced a decline in welfare levels, stagnation in educational attainment, and a slight increase in poverty rates, which were worsened by the COVID-19 pandemic. According to IMF estimations in 2020, LAC saw a contraction in the level of economic activity of -7%, more than double that of the world (Maurizio, 2021). This pandemic also significantly impacted the education sector, exacerbating pre-existing educational inequalities (ECLAC, 2022).

¹² Estimates based on the World Bank national accounts data (World Bank, 2023b).

¹³ Data at constant prices from the World Development Indicator database from the World Bank (World Bank, 2023a)

Furthermore, the crisis has revealed that the current social protection mechanisms in the region are insufficient. LAC countries entered the crisis with close to 40% of workers without social protection coverage. Labor informality is prevalent in the region¹⁴, with Bolivia having the highest share of employment informality with 85% of the working population in the informal sector (Statista 2021). Therefore, the pandemic hit hard in the region, affecting almost 60% of workers, although the situation is highly varied across countries the impact on minority populations (eg. women, youth, elderly, migrants, etc.) is higher for every country in relationship with Europe, Asia, or North America (excluding Mexico).(CEPAL & Naciones Unidas, 2021)

On the other hand, despite the recent advancements in terms of women's access to education¹⁵, gender inequality persists in the labor market through occupational segregation, underrepresentation in STEM fields, wage gaps, and lower overall participation rates¹⁶. The unequal burden of unpaid care work presents a critical structural challenge, hindering women's full participation and economic autonomy. The COVID-19 pandemic has further exacerbated these gender inequalities, with women facing increased unemployment, informality, poverty, and precarious living conditions. However, it has also raised awareness of the importance of care for the sustainability of life (ECLAC, 2020, 2022), leading to more countries in the region shifting their agenda towards more progressive care policies¹⁷.

Despite these advancements, the region continues to face political and economic instability, gender-based violence, and cultural barriers that affect women's political participation and the promotion of gender-sensitive care policies (UN Women and ECLAC, 2021). In this context, addressing the structural challenges and promoting progressive care policies are essential for ensuring women's full participation in all aspects of society, including politics. The regional landscape presents a complex interplay of factors that must be considered when analyzing women's political participation and the promotion of care policies.

¹⁴ According to ILO estimations “*within LAC countries, the highest shares of informal employment are in Central America (58.0 per cent) and the Caribbean (57.6 per cent). At the country level, the share of informal employment ranges from 24.5 per cent in Uruguay to close to 80 per cent in Honduras, Guatemala and Nicaragua, and above 80 per cent in the Plurinational State of Bolivia.*”(ILO, 2018)

¹⁵ According to ECLAC (2022) “*(...) women's rates of completion of secondary and higher education are higher than men. On average, 67.4% of women between 20 and 24 years of age have completed secondary education, compared to 60.9% of men in the same age range*”.

¹⁶ In LAC less than 30% of total graduates from tertiary education between 2012-2017 were from STEM careers. In some countries they even decreased. women's rates of completion of secondary and higher education are higher than men's. On average, 67.4% of women between 20 and 24 years of age have completed secondary education, compared to 60.9% of men in the same age range (ECLAC, 2022)

¹⁷ National System that “*generate a co-responsible model of care, shared by families, government, community and market; highlighting that it should be especially shared by men and women (...)*”. (Salvador & Econ, 2019)

2.3. Gaps and Limitations in the Literature

Despite the growing interest in the relationship between women's political participation and care policies, there are still gaps and limitations in the literature. The existing literature presents several gaps and limitations that warrant further exploration. Primarily, the majority of studies have concentrated on the role of women as policymakers or legislators, while largely overlooking the influence of women's movements, civil society organizations, and grassroots activism. Additionally, analyses of women's political participation have predominantly focused on Latin American countries, often neglecting the Caribbean and Central American regions.

Furthermore, the literature would benefit from an increased number of longitudinal studies that investigate the dynamic and contextual factors shaping care policies across different regions and periods. Additionally, more research is necessary to disentangle the socioeconomic, political, and social organizational factors from the direct impact of women in power on the development of progressive care policies. Consequently, this research seeks to bridge these gaps by comprehensively examining the distinct effect of women's political involvement, specifically over the last 15 years (2005-2019), on the promotion of progressive care policies.

3. Methodology

Drawing from the literature review and addressing existing gaps, this paper aims to answer the following research question over the last 15 years (2005-2019): **To what extent does women's participation in politics influence the development and implementation of progressive care policies in Latin America and the Caribbean?** Progressive care policies are defined as those that positively impact workers' abilities to reconcile work and family responsibilities, as well as promote the development and well-being of their children (UNICEF, 2020). Given the substantial body of research indicating that women in power are more likely to promote policy issues related to women's rights, the main hypothesis of this research is:

H1: *An increase in women's political participation is positively associated with the development and implementation of more progressive care policies in Latin America and the Caribbean.*

Furthermore, acknowledging that other factors may influence the outcome, this study will incorporate control variables to account for the socioeconomic, political, and gender inequality environments within the countries. Consequently, the second hypothesis to be tested is:

H2: *The progressiveness of care policies in Latin America and the Caribbean is influenced more strongly by a combination of socioeconomic, political, and gender equality factors, rather than by women's political participation.*

Another aspect worth examining is whether the relationship between women's political participation and progressive parental policies is consistent across sub-regions within Latin America and the Caribbean, or if regional variations exist. Therefore, the last hypothesis to be tested is:

H3: *The relationship between women's political participation and the progressiveness of care policies varies across the sub-regions within Latin America and the Caribbean.*

To analyze these hypotheses, given the limitations of data availability, the paper will focus on the period from 2005 to 2019, excluding 2020 due to the influence and shock that the pandemic had on the region. This section will detail the data sources used, the variables considered to address the research question, and the analytical techniques employed to select and construct the final model.

3.1. Data Sources, collection methods, and Variables

To be able to analyze to what extent women's political participation is associated with the progressiveness of care policies in the region the paper uses publicly available data from different recognized sources, in detail:

3.1.1. Dependent variable

To measure the progressiveness of care policies in the region, this study constructs a composite indicator¹⁸ as a proxy variable¹⁹, given the absence of an existing index. This composite indicator is based on public data available from the "Infant caregiving" module of the Gender Equality in the Economy dataset for public use, provided by the World Policy Analysis Center (WORLD)²⁰.

¹⁸ It is a simplified representation that seeks to summarize a multidimensional concept in a simple (one-dimensional) index based on an underlying conceptual model. (Schuschny & Soto, 2009)

¹⁹ "A variable used instead of the variable of interest when that variable of interest cannot be measured directly. For example, per capita GDP can be used as a proxy for the standard of living" (Oxford, 2023)

²⁰ "(...) WORLD captures quantitatively comparative data for 193 United Nations (UN) countries on adult labor and working conditions, discrimination at work, child marriage, aging, education, constitutional rights, health, disability, family, migration, child labor, environment, and income policies. WORLD works with partners to promote evidence-based decision-making across these areas." (World Policy Analysis Center, 2023)

For the construction of the index, it is necessary to normalize each indicator, ensuring that every component of the index shares the same range. In this case, the index is comprised of eight categorical indicators that are already normalized with values ranging from 1 to 5, where 1 represents the non-existence of a policy and 5 signifies complete protection under the policy. Following this, the index is calculated using a methodology that applies equi-proportional weightings²¹, meaning each indicator carries equal weight in measuring the composite index. Lastly, the composite indicator is computed as a weighted arithmetic mean of the following nine variables²²:

Table 1. Components of the Progressive Care Policy Index

Variable	Description
Is paid leave available for mothers of infants, including maternity and parental?	1: No paid leave 2: Less than 14 weeks 3: 14 - 25.9 weeks 4: 26 - 51.9 weeks 5: 52 weeks or more
Is paid leave available for fathers of infants including paternity and parental?	1: No paid leave 2: Less than 3 weeks 3: 3 - 13.9 weeks 4: 14 - 25.9 weeks 5: 26 weeks or more
Is job protection guaranteed throughout paid leave reserved for mothers?	1: No paid leave 2: No explicit job protection 3: Job protection only guaranteed for a portion of leave (0 countries) 5: Job protection guaranteed throughout
Is job protection guaranteed throughout paid leave reserved for fathers?	1: No paid leave 2: No explicit job protection 3: Job protection only guaranteed for a portion of leave (0 countries) 5: Job protection guaranteed throughout
Is job protection guaranteed throughout shared paid parental leave?	1: No paid leave 2: No explicit job protection

²¹ Simplified representation that attempts to summarize a multidimensional concept in a simple (unidimensional) index based on an underlying conceptual model. For example, the Human Development Index (HDI)(Schuschny & Soto, 2009)

²² View detailed of calculation and description of the variables in [section 8](#).

Variable	Description
	3: Job protection only guaranteed for a portion of leave 5: Job protection guaranteed throughout
Do countries guarantee self-employed workers access to paid maternal leave?	1: No national paid maternal leave 3: National paid maternal leave, but not for self-employed 5: Guaranteed to self-employed
Do countries guarantee self-employed workers access to paid paternal leave?	1: No national paid paternal leave 3: National paid maternal leave, but not for self-employed 5: Guaranteed to self-employed
Are mothers of infants guaranteed breastfeeding breaks at work?	1: Not guaranteed 2: Yes, until child is 1 – 5.9 months old 4: Yes, at least 6 months unpaid 5: Yes, at least 6 months paid

Source: Own elaboration based on the dictionary of variables of the Gender Equality in the Economy dataset for public use by WORLD

In Figure 1²³, the composite care index provides a snapshot of the progressiveness of care policies in the region. The index takes into account nine variables related to parental leave, job protection, and childcare policies, with lower values representing less progressive policies and higher values, indicating more progressive policies in the country.

Upon examination of the map, it is evident that Cuba, Chile, and Colombia have progressive policies in place, whereas the majority of the Caribbean and Central American countries have less progressive policies. However, it's important to note that this index only provides a partial picture of the state of care policies. Other important factors such as access to childcare services and their quality are not considered in the composite index. Therefore, while the index sheds light on vital policies related to work and family balance, it should be considered a proxy measure of the progressiveness of care policies in the region.

²³ Countries in gray don't have data available.

Figure 1. Care policy index



Own elaboration based on Table 1 indicators from WORLD.

3.1.2. Main independent variable

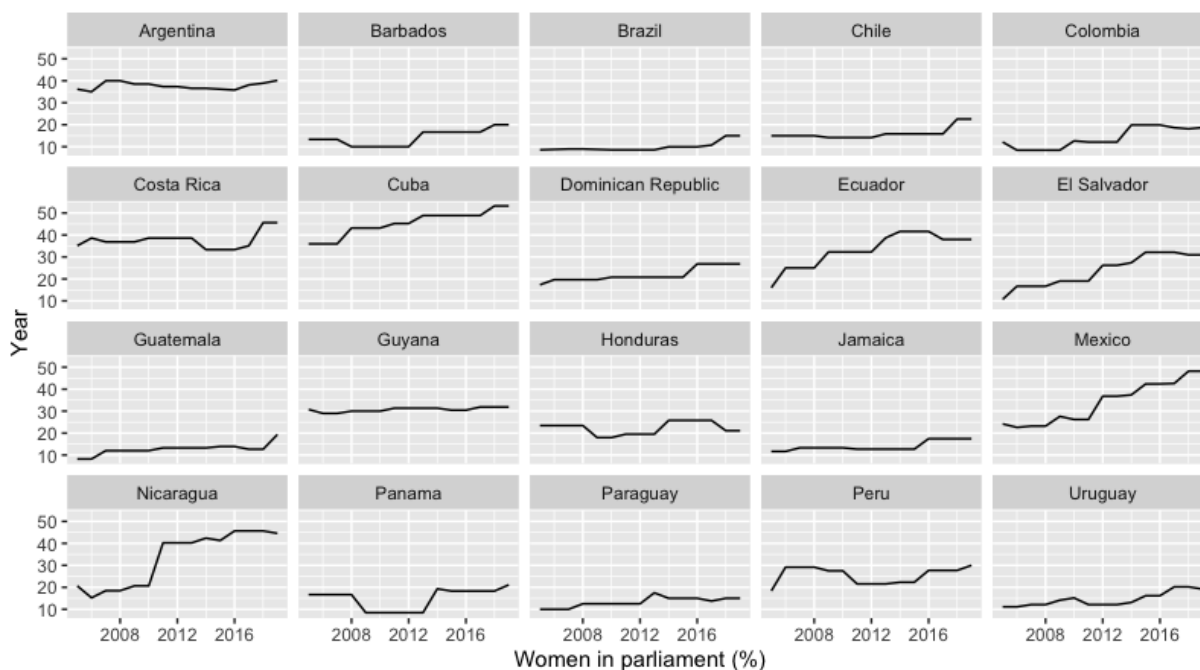
This study employs the proportion of seats held by women in national parliaments as a proxy to measure women's participation in politics²⁴ for the period of study (2005-2019). The data used for this variable is from the World Bank, which relies on statistics provided by the Inter-Parliamentary Union (IPU)²⁵.

Figure 2 presents the distribution of this variable across countries and years. The graph reveals that Argentina, Costa Rica, and Cuba consistently have a higher female presence in parliament. In contrast, Nicaragua, Mexico, El Salvador, and Ecuador have made considerable progress in increasing women's participation in politics in recent years. However, Barbados, Brazil, Chile, Panama, Paraguay, and Uruguay are the countries with the lowest female presence in national parliaments in the region.

²⁴ This study used women in politics or women in power to refer to women's participation in politics.

²⁵ Global organization of national parliaments that promote democratic governance working with parliaments and parliamentarians. (IPU, 2023)

Figure 2. Percentage of women in parliament by year and country



Own elaboration based on data from the World Bank.

3.1.3. Control variables

To isolate the effect of women's participation in politics on the development of care policies, it is essential to recognize that other factors may influence the outcome. This study will include control variables to account for socioeconomic, political, and gender inequality within the countries during the period of study. The variables are selected based on data availability and relevance to the research. A summary of the variables used and their sources can be found in Table 2. In total, there are nine variables, three per category.

Table 2. Control variables per category

Socioeconomic dimension		Political dimension		Gender equality dimension	
Indicator	Source	Indicator	Source	Indicator	Source
GDP growth	World Bank. World Development Indicators (WDI)	Political stability	World Bank. WDI	Female education	WorldDataBank based on UNESCO Institute for Statistics (UIS)
Social protection expenditure as a percentage of GDP	CEPALSTAT. Public spending by function, in percentages of GDP	Women justice	V-Dem. Access to justice for women	Female participation in the labor force	World Bank. WDI based on ILO statistics
Public services quality	V-Dem. Access to public services by urban-rural location.	Female freedom	V-Dem. Freedom of expression for women ²⁶	Reproductive health	World Bank. WDI. Lifetime risk of maternal death ²⁷

Own elaboration based on WDI, CEPALSTAT, and V-DEM's codebook.

3.2. Descriptive Statistics

Table 3 presents the descriptive statistics for the variables used in the analysis. In total, there are 300 observations from 20 countries of the region with available information, 10 from South America²⁸, 6 from Central America²⁹, and 4 from the Caribbean area³⁰. The dependent variable is the progressive care policies index³¹, while the main independent

²⁶ Based on the question: Are women able to openly discuss political issues in private homes and in public spaces? (Gerring et al., n.d.)

²⁷ Life time risk of maternal death is the probability that a 15-year-old female will die eventually from a maternal cause assuming that current levels of fertility and mortality (including maternal mortality) do not change in the future, taking into account competing causes of death. (World Bank, 2023a)

²⁸ For practical purposes Mexico will be included inside the group of South America. The countries of this group with available information are Argentina, Brazil, Chile, Colombia, Ecuador, Guyana, Mexico, Paraguay, Peru and Uruguay.

²⁹ The countries of this group with available information are Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama.

³⁰ The countries of this group with available information are Barbados, Cuba, Dominican Republic, Jamaica.

³¹ In this text progressive care policies index is also known as care index.

variable is the percentage of women in parliament, with several control variables also included. A first glance at the table shows that the mean and median values for the care index are quite similar across both regions and overall. This suggests that policies related to progressive care are being implemented at a similar level across the regions. However, there is a slight variation between the regions, with South America exhibiting a higher mean value compared to Caribe & Central America. This pattern may indicate that South American countries are more inclined to prioritize family-friendly policies in their social policies.

Regarding the independent variable, the statistics show that there is a relatively low percentage of women in parliament in both regions, with Caribe & Central America having a slightly higher percentage than South America which may indicate that there are cultural or institutional barriers to women's political participation, which can limit their representation and influence in the political decision-making process.

Another variable is political stability which measures the level of stability in a country's political environment, with negative values indicating higher instability. The statistics show that South America has a lower level of political stability than Caribe & Central America, with a negative mean value. That could imply that political instability is a more significant issue in South American countries, which can affect their economic and social development and undermine the effectiveness of public policies.

Table 3. Descriptive Statistics

	Caribe & Central America (N=150)	South America (N=150)	Overall (N=300)
Progressive care policies index			
Mean (SD)	2.63 (0.611)	2.93 (0.489)	2.78 (0.572)
Median [Min, Max]	2.67 [1.67, 4.00]	2.94 [1.89, 3.67]	2.83 [1.67, 4.00]
% Women in parliament			
Mean (SD)	24.0 (12.0)	22.9 (10.9)	23.4 (11.5)
Median [Min, Max]	19.7 [8.23, 53.2]	20.9 [8.43, 48.2]	19.9 [8.23, 53.2]
GDP growth percapita			
Mean (SD)	2.34 (2.87)	2.39 (3.06)	2.36 (2.96)
Median [Min, Max]	2.25 [-5.42, 11.9]	2.20 [-6.87, 9.84]	2.24 [-6.87, 11.9]
% GDP Social protection			
Mean (SD)	4.40 (4.52)	8.69 (7.86)	6.55 (6.75)
Median [Min, Max]	2.21 [0.180, 17.0]	5.99 [0.595, 28.5]	4.08 [0.180, 28.5]
Acces to public services in urban-rural areas			
Mean (SD)	1.92 (1.04)	2.04 (0.844)	1.98 (0.944)
Median [Min, Max]	1.88 [0.538, 3.26]	1.50 [0.975, 3.41]	1.50 [0.538, 3.41]
% Women in tertiary education			
Mean (SD)	48.1 (30.4)	52.6 (25.4)	50.3 (28.0)
Median [Min, Max]	39.4 [13.6, 147]	46.6 [13.6, 120]	44.3 [13.6, 147]
% Women in labor force			
Mean (SD)	47.4 (6.82)	51.7 (8.26)	49.6 (7.86)
Median [Min, Max]	45.9 [37.2, 64.5]	52.0 [35.8, 72.1]	48.1 [35.8, 72.1]
Maternal mortality(lifetime risk)			
Mean (SD)	0.188 (0.124)	0.197 (0.156)	0.192 (0.141)
Median [Min, Max]	0.174 [0.0375, 0.624]	0.149 [0.0158, 0.677]	0.162 [0.0158, 0.677]
Freedom of expression for women			
Mean (SD)	3.06 (0.992)	3.46 (0.357)	3.26 (0.771)
Median [Min, Max]	3.46 [0.290, 3.98]	3.58 [2.01, 3.89]	3.49 [0.290, 3.98]
Access to justice for women			
Mean (SD)	2.12 (0.882)	2.50 (0.459)	2.31 (0.727)
Median [Min, Max]	1.99 [0.712, 3.64]	2.38 [1.60, 3.41]	2.31 [0.712, 3.64]
Political stability			
Mean (SD)	0.0727 (0.538)	-0.289 (0.660)	-0.108 (0.628)
Median [Min, Max]	-0.00719 [-1.00, 1.28]	-0.283 [-2.06, 1.06]	-0.0904 [-2.06, 1.28]

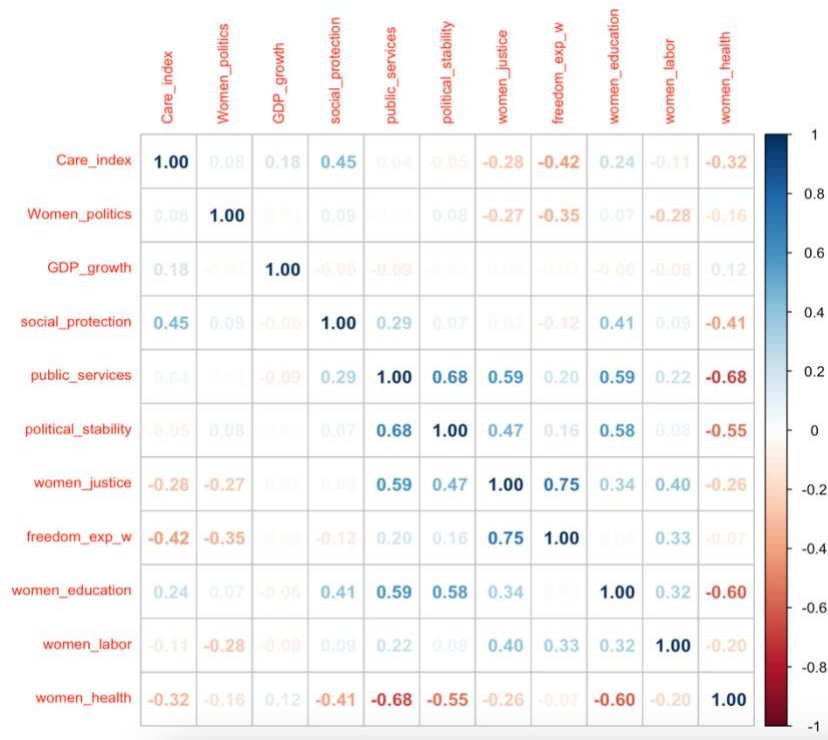
For this analysis Mexico is included in South America

Additionally, taking into account the correlations observed in the correlogram depicted in Figure 1, it is possible to gain further insights into the relationships between the variables. One of the strongest positive correlations observed is between *freedom_expression_w* and *women_justice* (0.75), suggesting that countries that prioritize the freedom of expression of women also tend to respect the rights of women. Furthermore, a positive correlation is also observed between *political_stability* and *public_services* (0.68), indicating that more stable political environments are associated with better access to public services. Similarly, a

positive correlation is observed between *public_services* and *women_education* (0.59), highlighting the importance of public services in promoting educational opportunities for women.

In contrast, there are strong negative correlations between *women_health* and *public_services* (-0.68), suggesting that countries with limited access to public services tend to have higher maternal mortality rates. Additionally, a negative correlation is observed between *women_health* and *women_education* (-0.60), implying that countries with lower education opportunities for women may also have worse health outcomes. These negative correlations highlight the importance of investing in public services and education to improve maternal health outcomes and promote overall health equity for women.

Figure 3: Correlation within the variables – Correlogram



3.3. Analytical Techniques

First and foremost, it is essential to test for multicollinearity among the variables. To do this, a Variance Inflation Factor (VIF) test is applied to measure the severity of multicollinearity in the model. Most research papers suggest that a VIF greater than 10 indicates multicollinearity. Although none of the variables exhibited a VIF exceeding this threshold,

some of them exhibit a VIF that could be considered high, according to Menard (2002) a VIF greater than 5 is cause for concern. Based on this stricter criterion, the variable `women_justice` ($VIF = 5.575273$) has a relatively higher VIF value compared to other variables. As a result, this variable will be excluded from the analysis to address potential multicollinearity issues.

Given the structure of the data, the analysis must account for unobserved time-invariant heterogeneity, making a panel model the most suitable choice for this study. However, panel data can be analyzed using two main types of models: fixed effects and random effects. To determine the most appropriate model for this study, a Hausman test³² was conducted, comparing the random effects model (`model_random`) and the fixed effects model (`model_fixed`). In both models, the dependent variable is the Care Policy Index, and the independent variable is Women in Parliament.

The Hausman test was calculated, and the result show a chi-statistic of $1.8278e-28$ with one degree of freedom and a p-value of 1. Since the p-value is greater than the significance level of 0.05, we accept the null hypothesis, indicating that there are no systematic differences between the two models³³. Consequently, either fixed or random effects models are appropriate for the analysis, in this case, the study used fixed effects.

To determine the most appropriate fixed effect model for the analysis, two tests were conducted: the F-test for individual effects³⁴ and the Breusch-Pagan (BP) test³⁵ for time effects. The F-test indicated that there were no significant differences in intercepts across entities in the model, suggesting that including individual fixed effects would not improve the accuracy of the model.

However, the BP test showed that there were significant time effects in the model, indicating that the inclusion of time-fixed effects would improve the fit and accuracy of the model. Therefore, the most suitable fixed effect model for the analysis is a panel data model with time-fixed effects.

3.4. Research design and approach.

³² Statistical test used in econometrics to determine the most appropriate model to use for panel data analysis when choosing between fixed effects and random effects models. (Torres-Reyna, 2007)

³³ [See appendix](#) for the complete results of the test.

³⁴ Econometric test performed by comparing the variance of the residuals in a model with individual effects to the variance of the residuals in a model without individual effects. (Torres-Reyna, 2007). [See appendix](#) for results.

³⁵ Econometric test performed by comparing the variance of the residuals in a model with time effects to the variance of the residuals in a model without time effects. (Torres-Reyna, 2007). [See appendix](#) for results.

This study employs a panel data analysis with time-fixed effects to test the hypothesis that women's participation in politics influences the development and implementation of progressive parental policies in Latin America and the Caribbean. To examine the relationship between the outcome variable (*Care*) and the main explanatory variable (*Women_politics*), five models will be estimated, each with a different set of control variables.

Model 1: Simple Model

$$Care_index_i = \beta_0 + \beta_1 \times Women_politics_{it} + \mu_i + \varepsilon_i$$

Where:

Care_index_i: The outcome variable represents how progressive the care policies³⁶ are in country i.

Women_politics_{it}: The main explanatory variable representing the proportion of seats held by women in national parliaments in country i across the years.

μ_i : Time-specific fixed effects capturing unobserved time-invariant heterogeneity across countries.

ε_i : Error term capturing unobserved time-varying heterogeneity and measurement error.

This simple model explores the direct relationship between women's political participation and progressive parental policies without any control variables.

From Models 2 to 5, the objective is to comprehend which additional factors influence the development of progressive care policies, to address H₂.

Model 2: Socioeconomic Controls

$$Care_index_i = \beta_0 + \beta_1 \times Women_politics_{it} + \beta_2 \times GDP_i + \beta_3 \times social_protection_i + \beta_4 \times public_services_i + \mu_i + \varepsilon_i$$

Where:

Care_index_i: The outcome variable represents how progressive the care policies are in country i.

Women_politics_{it}: The main explanatory variable representing the proportion of seats held by women in national parliaments in country i across the years.

³⁶ [See appendix](#) for construction of the index.

GDP_growth_{it}: Control variable representing GDP growth per capita in country i across the years.

social_protection_{it}: Control variable representing social protection expenditure as a percentage of GDP in country i across the years.

Public_services_{it}: Control variable that represents the access to basic public services across urban-rural areas, a proxy of urbanization in country i across the years.

μ_i : Time-specific fixed effects capturing unobserved time-invariant heterogeneity across countries.

ε_i : Error term capturing unobserved time-varying heterogeneity and measurement error.

In this model, control variables related to the socioeconomic dimension are added to assess their impact on the relationship between women's political participation and progressive parental policies. This includes GDP growth, social protection expenditure as a percentage of GDP, and access to public services in rural-urban areas.

Model 3: Political Environment Controls

$$\text{Care_index}_i = \beta_0 + \beta_1 \times \text{Women_politics}_{it} + \beta_2 \times \text{political_stability}_i + \beta_3 \times \text{freedom_exp_w}_i + \mu_i + \varepsilon_i$$

Where:

Care_index_i: The outcome variable represents how progressive the care policies are in country i.

Women_politics_{it}: The main explanatory variable representing the proportion of seats held by women in national parliaments in country i across the years.

political_stability_{it}: Control variable that represents the likelihood of political instability and/or politically motivated violence in country i

freedom_exp_w_{it}: Control variable representing the degree to which women can engage in private discussions, particularly on political issues, in private homes and public spaces in the country i across the years.

μ_i : Time-specific fixed effects capturing unobserved time-invariant heterogeneity across countries.

ε_i : Error term capturing unobserved time-varying heterogeneity and measurement error.

This model incorporates control variables related to the political environment, such as political stability, international commitment to protect women's rights, and access to justice for women. These variables will help determine the extent to which the political context influences the relationship between women's political participation and progressive parental policies.

Model 4: Gender Equality Controls

$$Care_index_i = \beta_0 + \beta_1 \times Women_politics_{it} + \beta_2 \times women_educ_i + \beta_3 \times women_labor_i + \beta_4 \times women_health_i + \mu_i + \varepsilon_i$$

Where:

Care_index_i: The outcome variable represents how progressive the care policies are in country i.

Women_politics_{it}: The main explanatory variable representing the proportion of seats held by women in national parliaments in country i across the years.

women_education_{it}: Control variable representing the percentage of women that are enrolled in tertiary education in country i across the years.

women_labor_{it}: Control variable representing the percentage of females in the labor market for country i across the years.

women_health_{it}: Control variable representing the maternal mortality risk as a measure of one of the dimensions of gender inequality for a country i across the years.

μ_i: Time-specific fixed effects capturing unobserved time-invariant heterogeneity across countries.

ε_i: Error term capturing unobserved time-varying heterogeneity and measurement error.

In this model, control variables related to the gender equality environment are included. This allows us to examine the effect of factors such as reproductive health (measured by maternal mortality rates), women's education (measured by the percentage of women enrolled in tertiary education), and women's labor force participation on the relationship between women's political participation and progressive parental policies.

Model 5: Comprehensive Model

$$Care_index_i = \beta_0 + \beta_1 \times Women_politics_{it} + \beta_2 \times GDP_i + \beta_3 \times social_protection_i + \beta_4 \times public_services_i + \beta_5 \times political_stability_i + \beta_6 \times freedom_exp_w_i + \beta_7 \times women_educ_i + \beta_8 \times women_labor_i + \beta_9 \times women_health_i + \mu_i + \varepsilon_i$$

Where:

Care_index_i: The outcome variable represents how progressive the care policies are in country i.

Women_politics_{it}: The main explanatory variable representing the proportion of seats held by women in national parliaments in country *i* across the years.

GDP_growth_{it}: Control variable representing GDP growth per capita in country *i* across the years.

social_protection_{it}: Control variable representing social protection expenditure as a percentage of GDP in country *i* across the years.

public_services_{it}: Control variable that represents the access to basic public services across urban-rural areas, a proxy of urbanization in country *i* across the years.

political_stability_{it}: Control variable that represents the likelihood of political instability and/or politically motivated violence in country *i*

freedom_exp_w_{it}: Control variable representing the degree to which women can engage in private discussions, particularly on political issues, in private homes and public spaces in country *i* across the years.

women_education_{it}: Control variable representing the percentage of women that are enrolled in tertiary education in country *i* across the years.

women_labor_{it}: Control variable representing the percentage of females in the labor market for country *i* across the years.

women_health_{it}: Control variable representing the maternal mortality risk as a measure of one of the dimensions of gender inequality for country *I* across the years.

μ_i : Time-specific fixed effects capturing unobserved time-invariant heterogeneity across countries.

ε_i : Error term capturing unobserved time-varying heterogeneity and measurement error.

While there are similarities within the Latin America and Caribbean region, distinct common aspects are shared between Central America and the Caribbean due to their geographical location, as well as among the countries in Latin America. Therefore, given the constraints in data availability, this study will also include a comparison between two subgroups: Latin America and Central America & the Caribbean.

Therefore, this study uses model 5 for each subgroup to assess whether the relationship between women's political participation and progressive parental policies is consistent across the sub-regions within Latin America and the Caribbean, or if there are any regional variations to address H₃. This additional analysis will contribute to a more nuanced understanding of the factors that influence the development and implementation of progressive parental policies in different contexts.

4. Results and Interpretation³⁷

4.1. Regression results: Hypothesis 1 and 2

Table 5 presents the results of a regression analysis with five different models (Model 1 to Model 5). The independent variable is the proportion of women in parliament, and the dependent variable is a composite index that aims to represent the progressiveness of the care policies of the region, additionally, models 2, 3, and 4 represent the socioeconomic, political, and gender equality factors respectively. The results of this table aim to test two hypotheses related to the relationship between women's political participation and progressive care policies in Latin America and the Caribbean.

The result of models 1 and 2 goes along the line of H1 which states that an increase in women's political participation is positively associated with the development and implementation of more progressive care policies in Latin America and the Caribbean. Specifically, an increase in the proportion of women in parliament by one percentage point is associated with an increase in the development and implementation of more progressive care policies by 0.004 units in Model 1, however, these results are not significant. Therefore, H1 doesn't hold.

However, the results also suggest that this relationship is influenced by a combination of socioeconomic, political, and gender equality factors. For example, in Model 2, GDP growth per capita is positively associated with progressive care policies, and an increase in GDP growth per capita by one unit is associated with an increase in progressive care policies by 0.054 units. Similarly, the percentage of GDP devoted to social protection is positively associated with progressive care policies, and an increase in the percentage of GDP devoted to social protection by one percentage point is associated with an increase in progressive care policies by 0.040 units.

On the other hand, access to public services in urban-rural areas, women's freedom of expression index, female enrollment in tertiary education, female labor force participation, and maternal mortality are negatively associated with progressive care policies in Model 3, Model 4, and Model 5. For example, an increase in access to public services in urban-rural areas by one unit is associated with a decrease in progressive care policies by 0.104 units, and an increase in maternal mortality by one percentage point is associated with a decrease in progressive care policies by 1.922 units. Therefore, H2 holds valid for this analysis.

³⁷ [Visit link](#) for database and Rode used in this study.

Overall, the research suggests that women's political participation is an important factor in the development and implementation of more progressive care policies in the region, but the results suggest that the progressiveness of care policies is more influenced by a complex set of socioeconomic, political, and gender equality factors.

Table 4. Model results

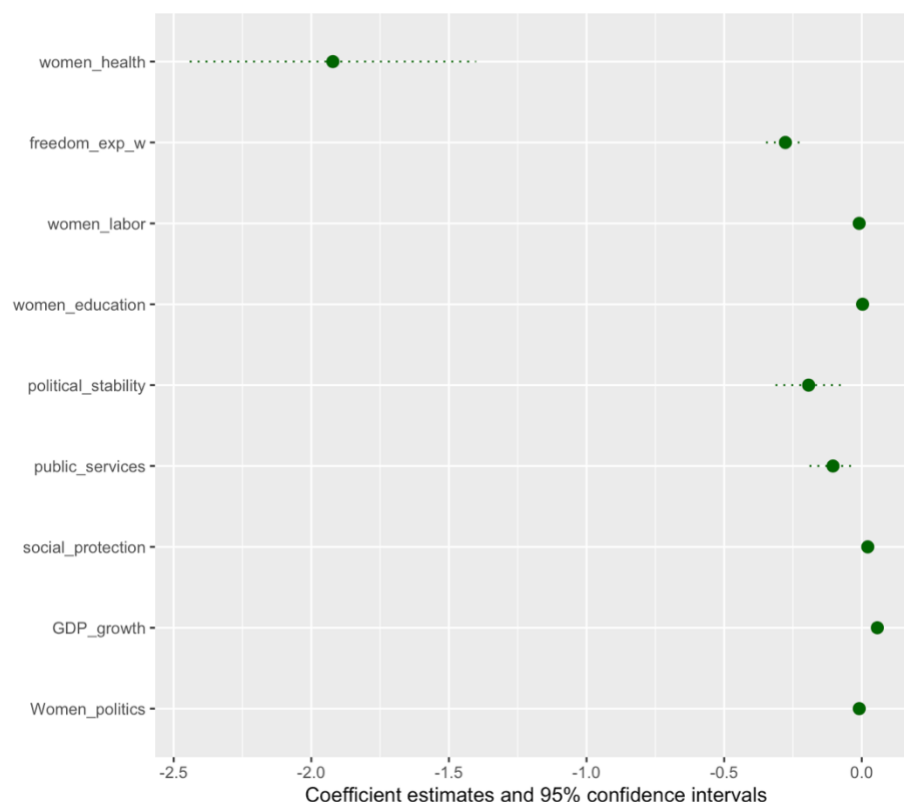
	Model 1	Model 2	Model 3	Model 4	Model 5
Proportion of women in parliament	0.004	0.002	-0.004	-0.001	-0.009***
	(0.003)	(0.003)	(0.003)	(0.003)	(0.002)
GDP growth percapita		0.054***			0.057***
		(0.012)			(0.010)
% GDP Social protection		0.040***			0.022***
		(0.005)			(0.004)
Acces to public services in urban-rural areas		-0.045			-0.104*
		(0.033)			(0.043)
Political stability index			0.023		-0.193**
			(0.051)		(0.061)
Women ´s freedom of expression index			-0.339***		-0.278***
			(0.044)		(0.036)
%Female enrolled tertiary education				0.003+	0.003*
				(0.001)	(0.001)
% Female labor force				-0.015**	-0.009*
				(0.005)	(0.004)
Maternal mortality(lifetime risk)				-1.225***	-1.922***
				(0.285)	(0.264)
Num.Obs.	300	300	300	300	300
R2	0.960	0.970	0.967	0.966	0.980
F	424.354	481.444	459.024	416.223	576.600

Standard errors in parentheses

+ p < 0.1, * p < 0.05, ** p < 0.01, *** p < 0.001

To provide a more detailed visualization of the coefficients in Model 5, Figure 2 was plotted. The figure clearly shows that the relationship between the percentage of women in power and the promotion of care policies is relatively weak compared to the strongly negative relationship observed between maternal mortality, a proxy for reproductive health, and the dependent variable. Moreover, the coefficients of the other variables fall within the range of -0.5 to 0 for the other variables, with GDP growth, expenditure in social protection, and female education as variables that have a positive effect on the care index.

Figure 4. Coefficient estimates Plot



4.2. Regression results: Hypothesis 3

Based on the results of Table 5 it is possible to conclude that hypothesis H3, which states that the relationship between women's political participation and the progressiveness of care policies varies across sub-regions within Latin America and the Caribbean, is true. The coefficients for the variable % Women in Parliament are significantly different across the two sub-regions, with a negative coefficient in South America (-0.032) and a positive but non-significant coefficient in Caribe & Central America (0.003).

Additionally, there are differences in the coefficients of some of the control variables across the sub-regions. For example, the coefficients for % GDP Social protection and Access to public services in urban-rural areas are significantly different across the two sub-regions, with negative coefficients in South America (-0.016 and 0.055 respectively) and positive coefficients in Caribe & Central America (0.53 and -0.141 respectively).

Meanwhile, other variables in the model show statistically significant relationships with the progressiveness of care policies. For example, higher GDP growth per capita and women in tertiary education are positively associated with the progressiveness of care policies, while lower levels of political stability and freedom of expression for women are negatively associated with the progressiveness of care policies.

However, it should be noted that the differences in coefficients across sub-regions may not necessarily be due to the sub-regions themselves, but rather other factors such as the specific countries within each sub-region or the sample size. The high R² values and F statistics suggest that the model as a whole is a good fit for the data, although further analysis would be needed to determine the causal relationships between the variables.

Table 5. Model results per sub-regional group

	South America	Caribe & Central America
% Women in parliament	-0.032*** (0.002)	0.003 (0.003)
GDP growth percapita	0.015+ (0.009)	0.065*** (0.010)
% GDP Social protection	-0.016*** (0.003)	0.055*** (0.009)
Acces to public services in urban-rural areas	0.530*** (0.101)	-0.141** (0.049)
Political stability index	-0.326*** (0.054)	0.269** (0.094)
Access to justice for women	-0.588*** (0.114)	-0.103 (0.072)
%Female enrolled tertiary education	0.003* (0.001)	0.000 (0.001)
% Female labor force	0.006 (0.004)	-0.016* (0.006)
Women ´s freedom of expression index	-0.060 (0.096)	-0.179** (0.066)
Maternal mortality(lifetime risk)	-0.869** (0.287)	0.462 (0.415)
Num.Obs.	150	150
R2	0.996	0.994
F	1203.457	789.724

For this analysis South America includes Mexico. Standard errors in parentheses

+ p < 0.1, * p < 0.05, ** p < 0.01, *** p < 0.001

Overall, the results suggest that the relationship between women's political participation and progressive care policies in Latin America and the Caribbean is complex and multifaceted, and might be influenced by various socioeconomic, political, and gender equality factors.

5. Discussion and Implications

5.1. Implications for Policy and Practice

Based on the results of the regression analysis, there are several implications for policy and practice related to the development and implementation of progressive care policies in Latin America and the Caribbean. First of all, one interesting finding from the presented models is the negative relationship between the proportion of women in parliament and the progressiveness of care policies. This relationship is significant in Models 1, 2, and 3, and is consistent across all models. The negative coefficient suggests that holding other factors constant, an increase in the proportion of women in parliament is associated with a decrease in the progressiveness of care policies in the region.

This result may seem counterintuitive, as one would expect that greater representation of women in politics would lead to more progressive policies related to gender equality and care. However, there may be several possible explanations for this relationship. One possibility is that the relationship between women's political participation and the progressiveness of care policies is more complex than a simple positive correlation. It may be that, in some cases, women's participation in politics leads to greater polarization and disagreement, which in turn makes it more difficult to pass progressive policies related to care.

Another possible explanation is that women's participation in politics is not sufficient to bring about the changes needed to advance gender equality and care policies as mentioned by Reinglod (2008). It may be that other factors, such as social norms, cultural values, and economic development, play a more important role in determining the progressiveness of care policies.

Second, the results also highlight the importance of addressing other factors that influence the development and implementation of progressive care policies. These include factors such as GDP growth, access to public services, and gender equality indicators. For example, policies that promote economic growth and social protection, while also addressing gender disparities in access to education and employment opportunities, could help create an environment that is more conducive to the development and implementation of progressive care policies. Additionally, policies that address the unequal distribution of public services between urban and rural areas could help ensure that all individuals have equal access to care services.

Third, the results suggest that the relationship between women's political participation and the progressiveness of care policies varies across sub-regions within Latin America and the

Caribbean. Furthermore, the differences in coefficients of some of the control variables across sub-regions suggest that when designing policies, it is important to take into consideration the specific contextual factors that may be influencing the development and implementation of care policies. For example, policies that promote social protection and improve access to public services may be more effective in certain sub-regions than in others, depending on the political, economic, and social context. Additionally, care policies should consider the specific needs and experiences of women in different contexts and ensure that care policies are tailored to meet those needs.

Finally, the high R² values and F statistics suggest that the model as a whole is a good fit for the data, although further analysis would be needed to determine the causal relationships between the variables. Therefore, it is necessary to continue to conduct rigorous research to understand the complex and multifaceted nature of the relationship between women's political participation and the progressiveness of care policies in different sub-regions. This could involve conducting qualitative research, such as focus group discussions and in-depth interviews, to gain a deeper understanding of the experiences and perspectives of women in different contexts.

Overall, the results suggest that a comprehensive approach to promoting progressive care policies is necessary, one that takes into account the complex and multifaceted nature of the relationship between women's political participation and care policies. This approach should involve collaboration between different sectors, including government, civil society, and academia. Furthermore, it should be guided by a commitment to gender equality and social justice, with a focus on addressing the specific needs and experiences of different groups of women, including those who are marginalized and disadvantaged. Additionally, efforts to promote women's political participation should be accompanied by measures to promote political stability and good governance, which may be key to ensuring that women's voices are heard and that policies are developed and implemented in a way that benefits all members of society.

5.2. Contributions to the Literature and future research directions

In summary, the results support the previous findings in the literature on women's political participation and care policies in Latin America and the Caribbean. First, the analysis provides evidence of a negative relationship between the proportion of women in parliament and the development and implementation of progressive care policies. This finding supports the idea that other underlying factors play an important role in the promotion of progressive care policies.

Second, the results highlight the importance of considering the multifaceted and context-specific nature of the relationship between women's political participation and care policies. The analysis suggests that other factors, such as GDP growth, access to public services, and gender equality indicators, play a significant role in shaping the development and implementation of care policies. In specific the findings show that higher maternal mortality risk has a strong negative effect on the progressiveness of care policies, more than any other effect. This finding has important implications for policy and practice in the region. Maternal mortality is a key indicator of women's health and well-being, and reducing maternal mortality risk is an important goal for governments and policymakers. The negative relationship suggests that addressing maternal mortality risk may also be an effective strategy for promoting progressive care policies.

Third, the analysis contributes to the literature on the regional variation in the relationship between women's political participation and care policies in Latin America and the Caribbean. Specifically, the percentage of women in parliament has a low but statistically significant negative effect on the progressiveness of care policies in South America, while the effect is positive but non-significant in the Caribe & Central America sub-region. This finding suggests that the relationship between women's political participation and care policies may not be straightforward and may be influenced by contextual factors specific to each sub-region. In the case of South America, it may indicate that the presence of women in parliament is not enough to ensure the development and implementation of progressive care policies. Therefore, other factors, such as political stability, economic development, and gender equality indicators, may be more important for promoting gender-sensitive care policies in this sub-region.

Future exploration is needed to address some of the implications of the paper. For instance, it may be valuable to explore the mechanisms that underlie the positive relationship between women's political participation and the development and implementation of progressive care policies. This could involve examining the specific ways in which women in positions of power advocate for gender-sensitive policy-making, as well as the barriers they face in doing so. Additionally, further investigation could be conducted to determine how other factors, such as political party affiliation, affect the relationship between women's political participation and care policies.

Additionally, future research could expand on the analysis of contextual factors that shape the development and implementation of care policies. This could involve investigating the specific policies and programs that are most effective in promoting gender-sensitive care, as well as exploring the role of civil society organizations and advocacy groups in shaping policy outcomes. Further research could examine the relationship between other health

outcomes, beyond maternal mortality, and the development and implementation of care policies.

Finally, it may be valuable to explore the sub-regional variation in the relationship between women's political participation and care policies in more depth. This could involve investigating the specific contextual factors that shape the relationship in each sub-region, as well as exploring how regional integration efforts, such as the Union of South American Nations (UNASUR) and the Caribbean Community (CARICOM), may influence policy outcomes. Additionally, further research could explore the role of international organizations, such as the United Nations and the World Bank, in promoting progressive care policies in the region.

6. Conclusion and Limitations

This study explores the relationship between women's participation in politics and the development and implementation of progressive care policies in Latin America and the Caribbean. By conducting panel data with time-fixed effect analysis using data on women's political participation from 2005 to 2019 and a proxy indicator that measures the development and implementation of progressive care policies in the region.

6.1. Conclusions and final thoughts

The regression analysis reveals that the relationship between women's political participation and the promotion of progressive care policies in Latin America and the Caribbean is complex. While the results indicate a slightly negative but significant effect of women's participation in politics on the development and implementation of such policies, it does not necessarily imply that increasing women's participation in politics may have a negative impact on progressive care policies. These findings are consistent with previous studies that have demonstrated that women's political representation alone is not enough to promote progressive policies (Htun et al., 2013a; Orloff, 2009).

There may be other underlying factors that explain the negative relationship found in this study, such as public opinion, economic resources, and policy feedback effects, which also play a critical role in the development and implementation of care policies. Moreover, increasing women's political representation may threaten the status quo, leading to resistance from conservative forces that oppose care policies. Additionally, the political system in Latin America and the Caribbean may be structured in a way that marginalizes women's voices and limits their effectiveness in advocating for care policies.

However, the findings also suggest that other factors such as political stability, GDP growth per capita, maternal mortality risk, female education, participation of females in the labor market, and women's freedom of expression index are statistically significant and play an important role explaining how progressive the care policies are in the region probably better than women in politics.

Furthermore, the study finds that the relationship between women's political participation and the promotion of progressive care policies varies across sub-regions. The results suggest that in South America, women in politics have a slightly negative effect on the promotion of progressive care policies, while in the Caribbean and Central America, the results are positive but not significant. Therefore, a more politically stable environment may be necessary for the Caribbean and Central America to draft laws that will ultimately promote progressive policies.

In light of these findings, policymakers and advocates must recognize the complex relationship between women's political participation and progressive care policies. While increasing women's political participation could have a positive impact on policy outcomes related to progressive care policies, this study demonstrates that it is not a panacea for promoting such policies in the region. Thus, promoting women's political participation must be coupled with other measures that address the underlying factors that hinder the development and implementation of progressive care policies, such as public opinion and policy feedback effects.

Future research could explore specific policies and interventions that could help increase women's political participation and promote gender equality in the region. This would further support the goal of achieving gender equality and improving social policy outcomes in the Latin America and Caribbean region. Ultimately, this study highlights the importance of incorporating a gender perspective into policy analysis and development, particularly in the context of social policy.

6.2. *Limitations*

One limitation of this study may be the availability and quality of data, particularly in terms of measuring women's participation in politics and the development and implementation of progressive care policies. Future research could focus on refining these measures and exploring the mechanisms through which women's participation in politics influences policy outcomes. The study could also benefit from a more nuanced analysis of regional

differences and contextual factors that may affect the relationship between women's participation in politics and policy outcomes.

Another limitation of the study is that it relies on cross-sectional data, which makes it difficult to establish causal relationships. While the regression analysis can identify associations between variables, it cannot prove that one variable causes another. Therefore, other unobserved factors may be driving the relationship between women's political participation and care policies in the region. Additionally, the study focuses specifically on parental leave, job protection, and breastfeeding policies and may not capture the full range of care policies that are relevant to promoting gender equality in care. Future research could explore a broader range of care policies, such as access to affordable and high-quality childcare, support for elder care, and policies to promote work-life balance. This would provide a more comprehensive understanding of the factors that influence gender equality in care work policies and how women's political participation can promote more inclusive policy outcomes.

Finally, it is important to note that the impact of women's political participation on policy outcomes may vary depending on contextual factors such as the political and cultural climate in a given country. For example, countries with higher levels of gender equality and women's empowerment may be more likely to adopt progressive care policies even in the absence of women's political participation. Therefore, it is important to contextualize the findings of this study within the broader political and social landscape of the LAC region and to consider how different contextual factors may affect the relationship between women's political participation and policy outcomes.

In conclusion, while this study provides valuable insights into the relationship between women's political participation and the development and implementation of care policies in the LAC region, it is not without limitations. Future research can build on these findings by refining measures, employing longitudinal data, and exploring a broader range of care policies. Additionally, contextual factors such as the political and cultural climate must be taken into account to fully understand the impact of women's political participation on policy outcomes in the region. By addressing these limitations, researchers can continue to deepen our understanding of how women's political participation can promote gender equality in care work policies and support the creation of more just and equitable societies for all.

7. References

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8. Appendices

Methodological note: Care policies index

Detailed descriptions of the variables:

Variable	Description	Considerations
Is paid leave available for mothers of infants, including maternity and parental?	1: No paid leave 2: Less than 14 weeks 3: 14 - 25.9 weeks 4: 26 - 51.9 weeks 5: 52 weeks or more	Paid leave for mothers includes maternity leave for mothers of infants and parental leave for either parent of an infant. Maternity leave is typically reserved for mothers, while parental leave can be shared. International standards mandate at least 14 weeks of paid maternity leave. This database reports normal leave duration, not extended leave periods.
Is paid leave available for fathers of infants including paternity and parental?	1: No paid leave 2: Less than 3 weeks 3: 3 - 13.9 weeks 4: 14 - 25.9 weeks 5: 26 weeks or more	Paid leave for fathers includes paternity leave for fathers of infants and parental leave that can be taken by either parent. Paternity leave is exclusively for fathers, while parental leave can be shared. This data reports the leave available in weeks under normal conditions, excluding extended leave periods due to exceptional circumstances.
Is job protection guaranteed throughout paid leave reserved for mothers?	1: No paid leave 2: No explicit job protection 3: Job protection only guaranteed for a portion of leave (0 countries) 5: Job protection guaranteed throughout	The variable related to paid leave in the study only considers leave available to mothers /fathers for the birth of a child and does not include shared parental leave. Job protection measures can take different forms such as legislative prohibitions of discriminatory dismissal during paid leave, guarantees for the same or equal position upon return from leave, or prohibitions of dismissals for parents of young children.
Is job protection guaranteed throughout paid leave reserved for fathers?	1: No paid leave 2: No explicit job protection 3: Job protection only guaranteed for a portion of leave (0 countries) 5: Job protection guaranteed throughout	
Is job protection guaranteed throughout shared paid parental leave?	1: No paid leave 2: No explicit job protection 3: Job protection only guaranteed for a portion of leave 5: Job protection guaranteed throughout	The variable includes only shared paid parental leave available to either parent. Job protection can take the form of various legislative measures aimed at preventing discriminatory dismissal during leave or ensuring a return to the same or an equivalent position upon return to work.
Do countries guarantee self-employed workers access to paid maternal leave?	1: No national paid maternal leave 3: National paid maternal leave, but not for self-employed 5: Guaranteed to self-employed	This indicator measures legislative guarantees for self-employed, own-account, and independent workers globally, including guarantees to paid leave for informal workers. This includes both paid maternity/ paternity leave and shared parental leave.
Do countries guarantee self-employed workers access to paid paternal leave?	1: No national paid paternal leave 3: National paid maternal leave, but not for self-employed 5: Guaranteed to self-employed	
Are mothers of infants guaranteed breastfeeding breaks at work?	1: Not guaranteed 2: Yes, until child is 1 – 5.9 months old 4: Yes, at least 6 months unpaid 5: Yes, at least 6 months paid	Breastfeeding breaks are guaranteed for a set length of time, which is determined by a child's age or the number of months after returning to work. If the legislation specifies a period for breastfeeding breaks and the mother is entitled to paid maternal leave, the total length of time is shown. The World Health Organization recommends a minimum of 6 months of breastfeeding.

Own elaboration based on the dictionary of variables of the Gender Equality in the Economy dataset for public use by WORLD.

To construct the care index, two steps were taken. First, normalization was not needed since the variables had a range between 1 and 5. Second, ponderation and averaging were performed, with each variable given equal weight in the index. The care index was calculated as the simple average of the values of the nine variables in Table X. The formula for the care index is:

$$\text{Care index} = \sum_{i=1}^{n=8} \text{Variable}_i / n$$

Where:

Variable_i : Represents the value of each variable of the table below

n : Number of variables

country	care index	Is paid leave available for mothers of infants, including maternity and parental?	Is paid leave available for fathers of infants including paternity and parental?	Do countries guarantee self-employed workers access to paid maternal leave?	Do countries guarantee self-employed workers access to paid paternal leave?	Is job protection guaranteed throughout paid leave reserved for mothers?	Is job protection guaranteed throughout paid leave reserved for fathers?	Is job protection guaranteed throughout shared paid parental leave?	Are mothers of infants guaranteed breastfeeding breaks at work?
Argentina	2.5556	2	2	3	3	5	2	1	5
Barbados	1.8889	2	1	5	1	5	1	1	1
Brazil	3.2222	3	2	5	3	5	5	1	5
Chile	3.6667	4	3	5	5	5	5	1	5
Colombia	3.5556	3	3	5	5	5	5	1	5
Costa Rica	2.4444	3	1	5	1	5	1	1	5
Cuba	4	5	5	5	5	5	1	5	5
Dominican Republic	2.8889	3	2	5	3	5	2	1	5
Ecuador	3	2	2	5	5	5	2	1	5
El Salvador	2.8889	3	2	5	3	5	2	1	5
Guatemala	2.5556	2	2	3	3	5	2	1	5
Guyana	1.8889	2	1	5	1	5	1	1	1
Honduras	2.3333	2	1	5	1	5	1	1	5
Jamaica	1.6667	2	1	3	1	5	1	1	1
Mexico	2.7778	2	2	5	3	5	2	1	5
Nicaragua	2.7778	2	2	5	3	5	2	1	5
Panama	2.8889	3	2	5	3	5	2	1	5
Paraguay	2.8889	3	2	5	3	5	2	1	5
Peru	2.6667	3	2	3	3	5	2	1	5
Uruguay	3.1111	3	2	5	5	5	2	1	5

Own elaboration based on the Gender Equality in the Economy dataset by WORLD.

VIF Test

Women_politics	GDP_growth	Social_protection	women_health
1.275847	1.049141	1.442309	2.697641
Public_services	Political_stability	women_justice	freedom_exp_w
4.077432	2.536965	5.575273	3.499255
women_education	women_labor		
2.354043	1.476478		

Hausman Test

data: Care_index ~ Women_politics
chisq = 1.8278e-28, df = 1, p-value = 1
alternative hypothesis: one model is inconsistent

F test for individual effects

data: Care_index ~ Women_politics + factor(year)
F = 0, df1 = 14, df2 = 265, p-value = 1
alternative hypothesis: significant effects

Lagrange Multiplier Test - time effects (Breusch-Pagan) for balanced panels

data: Care_index ~ Women_politics
chisq = 7.7289, df = 1, p-value = 0.005434
alternative hypothesis: significant effects

Statement of Authorship

I hereby confirm and certify that this master thesis is my own work. All ideas and language of others are acknowledged in the text. All references and verbatim extracts are properly quoted and all other sources of information are specifically and clearly designated. I confirm that the digital copy of the master thesis that I submitted on April 29th, 2023, is identical to the printed version I submitted to the Examination Office on May 2nd, 2023.

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